

DOCUMENT # F98000006427
1. Entity Name
IRONS ELECTRIC COMPANY, INC.

Principal Place of Business Mailing Address
1629 STATE ST. P.O. BOX 221
FLORENCE AL 35630 FLORENCE AL 35631

2. Principal Place of Business 3. Mailing Address
1629 State Street P.O. Box 221
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Florence, Alabama Florence, Alabama
Zip Country Zip Country
35630 Lauderdale 35631 Lauderdale

6. Name and Address of Current Registered Agent
CORPORATE ACCESS, INC.
1116D THOMASVILLE RD.
TALLAHASSEE FL 32303

4. FEI Number 63-0481953 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRONS, JAMES E 6115 HIGHWAY 17 FLORENCE AL 35633 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, ALEC 2821 BURLESON ST. FLORENCE AL 35630 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IRONS, HILDA 6115 HIGHWAY 17 FLORENCE AL 35633 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James E. Irons / President (256)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/8/2001 Daytime Phone #: 766-3870

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90010 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)